

Approaches to Prevention Evaluation

Participant Handouts

TABLE OF CONTENTS

INTRODUCTION

Agenda and Overview	2
---------------------------	---

MODULE 1

Research-Based Prevention Programs	5
------------------------------------------	---

MODULE 2

Levels of Evidence	6
--------------------------	---

MODULE 3

Benefits of Evaluation	10
------------------------------	----

MODULE 4

Framework for Evaluation	11
--------------------------------	----

MODULE 5

Designing an Evaluation	19
-------------------------------	----

MODULE 6

Conducting an Evaluation	23
--------------------------------	----

MODULE 7

Reporting Results	27
-------------------------	----

MODULE 8

Pulling It All Together	28
-------------------------------	----

Helpful Resources	30
-------------------------	----

Glossary of Terms	31
-------------------------	----

Workshop Evaluation Form	
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Introduction

INTRODUCTION - NOTES

Approaches to Prevention Evaluation



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

1

Agenda

- CAPT
- Research-based prevention programs
- Levels of evidence
- Benefits of evaluation
- Framework for evaluation
- Evaluation design
- Quantitative and qualitative methods
- Reporting results
- Putting it all together

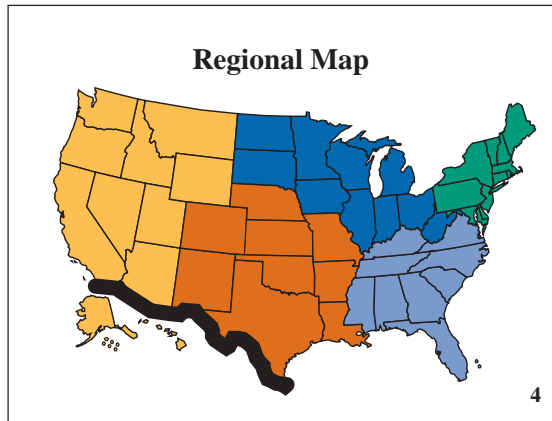
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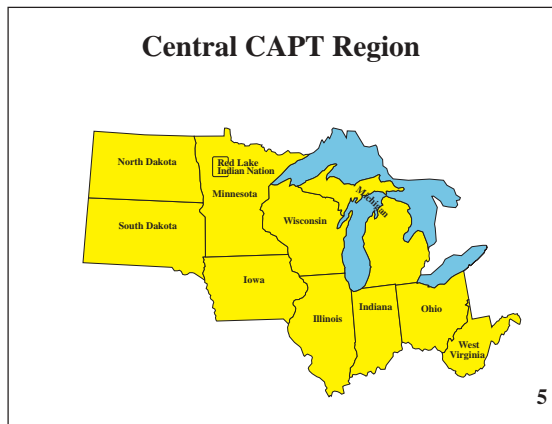
Center for the Application of Prevention Technologies



763-427-5310 or 1-800-782-1878

3





CAPT Mission Statement

To bring research to practice by assisting state/jurisdictions and community-based organizations in the application of the latest research-based knowledge to their substance abuse prevention programs, practices, and policies.

6

CAPT Core Prevention Services

- Repackage, transfer and replicate science-based prevention program models
- Customize, repackage, and transfer scientifically defensible prevention best practices
- Customize, repackage, and transfer scientifically defensible prevention promising approaches

7

Objectives

- Identify key evaluation questions
- Determine how to use quantitative and qualitative evaluation strategies
- Identify resources that can be used in prevention program evaluation
- Develop plans to report results

8

Module 1

MODULE 1 - NOTES

Why all the concern over scientifically-based prevention?

- Federal and state agencies, as well as private funders, are asking for it
- Public accountability
- The desire to improve programs
- To use what is effective
- To use limited resources wisely

9

Research based prevention programs have been developed and evaluated using scientific processes

Science-based programming at a local level is

- Theory-based
- Targeted
 - Audience specific
 - Goal-oriented
 - Measurable
- Carefully implemented
- Evaluated

10

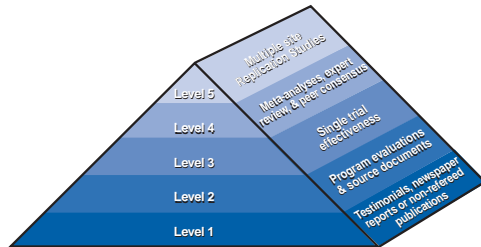
Additionally, model programs and strategies have credible, substantiated findings that have been subjected to critical review and have been replicated in a variety of settings.

11

Module 2

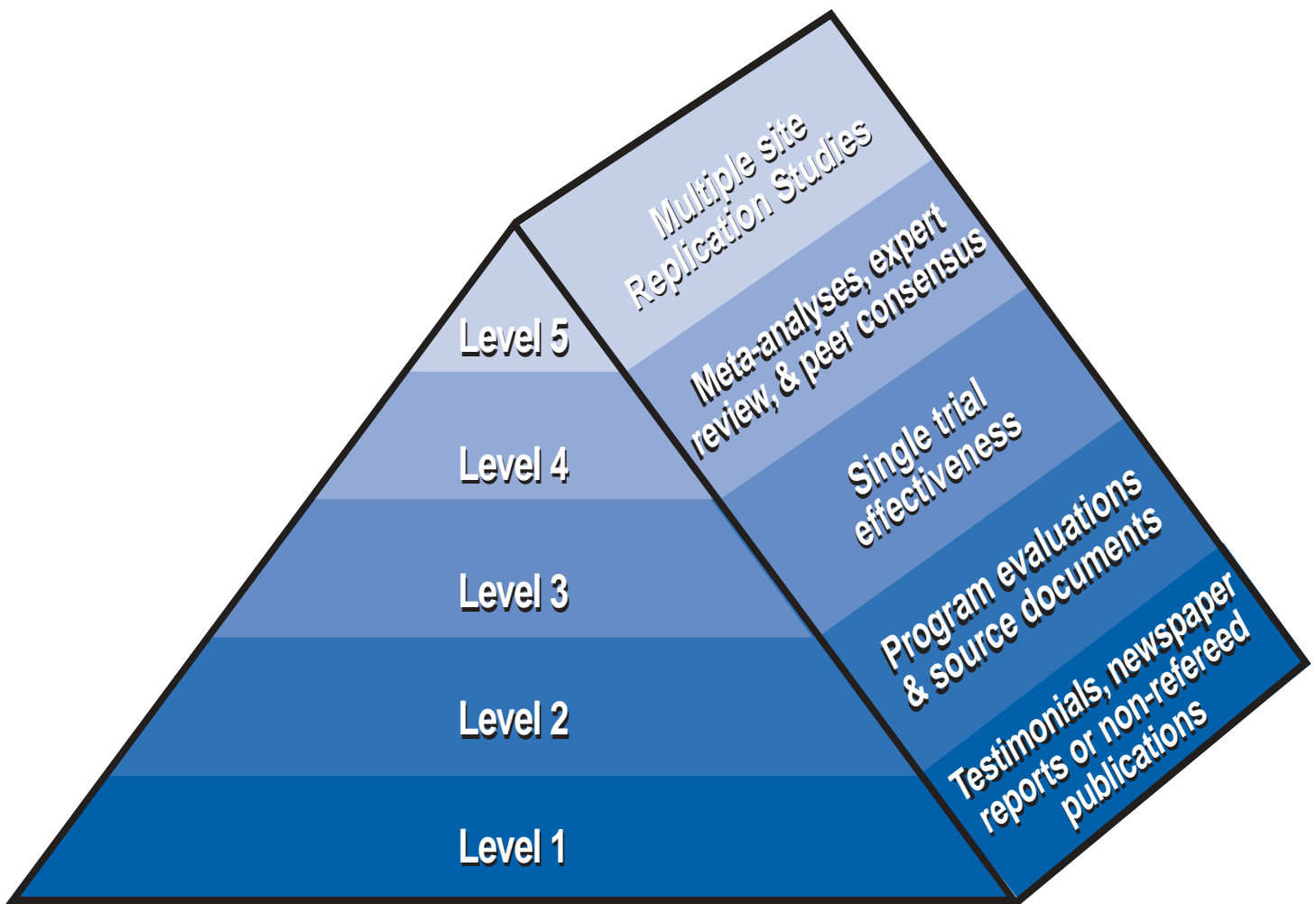
MODULE 2 - NOTES

Levels of Evidence of Science-based Prevention



12

Levels of Evidence Pyramid



A Summary of SDFSCA Principles of Effectiveness

1. Base program on an assessment of data about local drug and violence problems.
2. Design program to meet measurable goals and objectives.
3. Implement programs based on research or evaluation that provide evidence that these programs prevent or reduce drug use, violence or disruptive behavior.
4. Evaluate programs to assess progress toward achieving goals and objectives and improve program efforts.

13

Research

The production of knowledge, theories and laws.

14

Researcher Roles:

- Designs research
- Develops hypothesis
- Identifies variables
- Choose methods to answer the research questions

15

Evaluation

Systematic collection of information about program activities, characteristics, and outcomes for use to reduce uncertainty, improve effectiveness, and make decisions.

16

Evaluator Roles:

- Identifies audiences for evaluation
- Works with audiences to identify key questions
- Works with audiences to design the evaluation
- Chooses methods likely to generate useful information

17

What's the difference?

<u>Research</u>	<u>Evaluation</u>
<ul style="list-style-type: none"> • Control • Scientific Method • Generate Knowledge 	<ul style="list-style-type: none"> • Relationship • Collaboration • Improve Programming

18

Module 3

Evaluation strategies are used for:

- Planning programs
- Monitoring implementation of programs
- Improving programs
- Advancing knowledge

19

Module 4

MODULE 4 - NOTES

Framework for Evaluation

1. Engage Stakeholders
2. Describe the Program
3. Focus the Evaluation Design
4. Gather Credible Evidence
5. Justify Conclusions
6. Ensure Use and Share Lessons Learned

20

Framework for Planning and Implementing Practical Program Evaluation

Evaluation Steps:

Step 1. Engage Stakeholders

Step 2. Describe the Program

Step 3. Focus the Evaluation Design

Evaluation Steps: (continued)

Step 4. Gather Credible Evidence

Step 5. Justify Conclusions

Step 6. Ensure Use and Share Lessons Learned

Identifying Evaluation Stakeholders

STAKEHOLDERS	INTERESTS	PRIORITY RANKING
	
	
	
	
	
	
	
	
	
	
	

Program Description (Logic Model) Worksheet

Risk and/or Protective Factor(s) What risk and/or protective factor(s) will be addressed?	
Services/Activities What services will be provided or what activities will be conducted?	
Frequency & Duration of Activities How frequently and for how long will the services/activities be conducted? (e.g. weekly sessions for one year)	
Target Group Who will participate in or be influenced by the program?	
Documentation of Activities How do you plan to document that each activity was done?	
Theory of Change How will these activities lead to expected outcomes?	
Short-term Outcomes What immediate changes are expected as a result of the program?	
Long-term Outcomes What changes will the program ultimately create?	

Program Description (Logic Model) Worksheet

Risk and/or Protective Factor(s):

Programs typically focus on reducing one or more risk factors and/or increasing one or more protective factors. In this row, list the risk and/or protective factor(s) that your program will be addressing.

Services/Activities:

What will you actually be doing? What are the activities or services involved in your project? It is very important to specify what activities you plan to do. A project that isn't implemented the way it is planned is not likely to lead to the expected project outcomes. In row two, list the project activities or services you plan to implement.

Frequency and Duration of Activities:

For *each* activity or service you listed in row two, ask yourself "when and how much are we going to do." How frequently and for how long will the services/activities be conducted (after school every day for three hours, a single day for three hours, etc...)?

Target Group:

Who is the recipient of your project, or whom do you expect to be influenced by your activities? For each activity or service you listed in row two, write down the specific groups you will expect to participate in or be influenced by the activity.

Documentation of Activities:

How do you plan to document that each activity was completed or each service was implemented?

Theory of Change:

Think about why and how project activities are expected to lead to the desired outcomes. A very common problem in projects is when the chosen project activities and strategies do not lead logically to the outcomes that the project would like to achieve. That is why it is good to think through the assumptions of why and how you expect your project to lead to the desired changes. It can be helpful to think about your project as a series of "If/Then" statements. "If this happens, then we expect this to happen." In this column, address the issue "we expect that this activity will lead to changes in these factors, which in turn will lead to our project goal."

Short-Term Outcomes:

These are the immediate project effects that you expect to achieve soon after the project is completed. This answers the question "What immediate changes are expected as a result of the project?"

Long-Term Outcomes:

These outcomes reflect the long-term effects the project hopes to achieve. It answers the question "What changes will the project ultimately create?"

The examples that follow may be helpful as guidelines as you begin to fill out the logic model worksheet.

Program Description (Logic Model) Worksheet

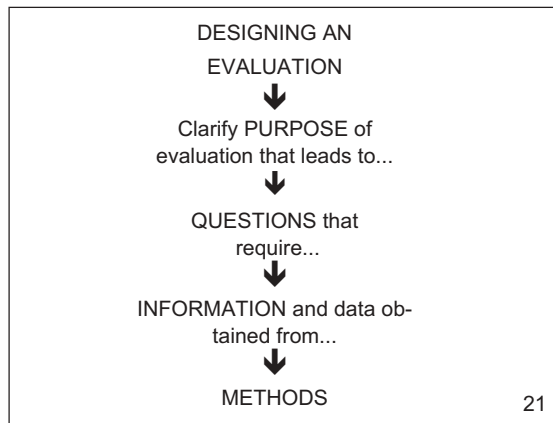
Risk and/or Protective Factor(s) What risk and/or protective factor(s) will be addressed?	<ul style="list-style-type: none"> • Healthy decision-making skills • Visible role models who refute tobacco use • Cultural awareness with regard to tobacco use
Services/Activities What services will be provided or what activities will be conducted?	<ol style="list-style-type: none"> 1) Present a "You Matter to Us" workshop targeting African-American children, youth, and their families in community churches of varied denominations. This workshop will focus on education on the health risks of tobacco use, allow participants develop the skills to resist using tobacco, and provide them with the resources for quitting. 2) Create anti-smoking information areas, health bulletin boards, and brochure racks in at least five churches. 3) Create a smoking prevention poster and distribute it to local community churches, neighborhood health clinics, and local businesses. 4) Create a culturally-relevant, professional, educational video and study guide for use by congregations and community organizations, featuring interviews with community members promoting smoking prevention and teaching tobacco use resistance skills. 5) Conduct a worship service featuring health, well-being, and tobacco prevention.
Frequency & Duration of Activities How frequently and for how long will the services/activities be conducted? (e.g. weekly sessions for one year)	<ol style="list-style-type: none"> 1) The "You Matter to Us" workshop will be a one time day-long event. 2) The health bulletin boards and information areas will be updated quarterly and will be maintained for the full year. 3) Creating the poster will be a one time event, and posters will be distributed to 20 churches. 4) Creating the video will be a one time event, and once the video is produced, it will be available for community churches to use. 5) The worship service will be a one-time event.
Target Group Who will participate in or be influenced by the program?	African American, African, and Caribbean church congregations, both in youth ages 8-17 and adults.
Documentation of Activities How do you plan to document that each activity was done?	<ol style="list-style-type: none"> 1) Participants in the workshop will fill out a survey on what they liked/disliked about the workshop. 2,3&4) The health information, bulletin boards, poster, and video will be created and can be presented for documentation. A brief survey will be given to each church asking them how they liked and used the materials provided to them. 5) The worship service will be conducted and a voice recording of the service will be available for documentation.
Theory of Change How will these activities lead to expected outcomes?	If African American, African and Caribbean church members are exposed to messages about making healthy choices in their lives and skills and resources to encourage healthy choices, then they should feel empowered to make choices that can lead to a healthy lifestyle. If they are empowered to make healthy choices, then they should have developed some of the necessary skills needed to resist tobacco use or to quit using tobacco. If members of the targeted churches resist or quit using tobacco, then they will serve as role models in their communities that tobacco use is an unacceptable behavior. If families and communities perceive that tobacco use is unacceptable, then tobacco use in the community should decrease in the long-term.
Short-term Outcomes What immediate changes are expected as a result of the program?	<ul style="list-style-type: none"> • Increased awareness of the dangers of tobacco use. • Increased skills to resist tobacco use. • Increased awareness of resources to help quit using tobacco.
Long-term Outcomes What changes will the program ultimately create?	<ul style="list-style-type: none"> • Decreased tobacco use by church members. • A community social norm that tobacco use is unacceptable.

Program Description (Logic Model) Worksheet

Risk and/or Protective Factor(s) What risk and/or protective factor(s) will be addressed?	<ul style="list-style-type: none"> • Skills to recognize and refute influences to use tobacco • Cultural awareness with regard to tobacco use
Services/Activities What services will be provided or what activities will be conducted?	<ol style="list-style-type: none"> 1) Southeast Asian youth will be recruited and trained in advocacy skills. 2) At least 75 Southeast Asian youth will be trained to become advocates for a tobacco-free society by providing training and information, and empowering youth to conduct advocacy activities.
Frequency & Duration of Activities How frequently and for how long will the services/activities be conducted? (e.g. weekly sessions for one year)	<ol style="list-style-type: none"> 1) Throughout the year, 4 full day advocacy trainings will be held. 2) Youth will have meetings after school every two weeks and will participate in activities that will allow them to use and further develop their advocacy skills.
Target Group Who will participate in or be influenced by the program?	Southeast Asian youth in the metro area.
Documentation of Activities How do you plan to document that each activity was done?	<ol style="list-style-type: none"> 1) Training materials will be developed. A survey will be given to all participants after each training. 2) A meeting summary will be developed after each meeting and each project carried out by the youth will be documented.
Theory of Change How will these activities lead to expected outcomes?	If youth in the metro area Southeast Asian community attend the advocacy trainings, then they will develop skills to resist tobacco use and gain advocacy skills to teach their peers to refuse using tobacco. If Southeast Asian youth in the metro area develop skills to resist tobacco use, then they are less likely to begin using tobacco. If these youth also use their advocacy skills to promote a smoke-free community in their metro area Southeast Asian community, then others in the community are likely to be influenced by them and decide to not use tobacco.
Short-term Outcomes What immediate changes are expected as a result of the program?	Metro area Southeast Asian youth develop skills to resist tobacco use and advocacy skills.
Long-term Outcomes What changes will the program ultimately create?	Metro area Southeast Asian youth tobacco use rates should decrease.

Module 5

MODULE 5 - NOTES



Identifying Key Evaluation Questions

Key Evaluation Questions to be Answered	Information Needed

Process Evaluation Questions Examples

1. How are resources allocated and used to implement activities?

- Staff hours required
- Staff skills, experience, and training required
- Budget required
- Accuracy of planned allocation

2. How is the workplan implemented?

- Consistency (e.g., comparison of actual activity to planned activity, accuracy of original timeline, degree of adaptation required for each activity)
- Participation rates in key services / activities
- Attitudes regarding participation in key services / activities
- Perceived quality of workplan implementation

3. What obstacles or barriers were encountered as each activity was implemented?

4. How did any broad changes in the community change the context in which activities were implemented?

5. How are preliminary evaluation findings used to improve implementation of activities throughout the project?

Outcome Evaluation Questions

Examples from a School-based Program

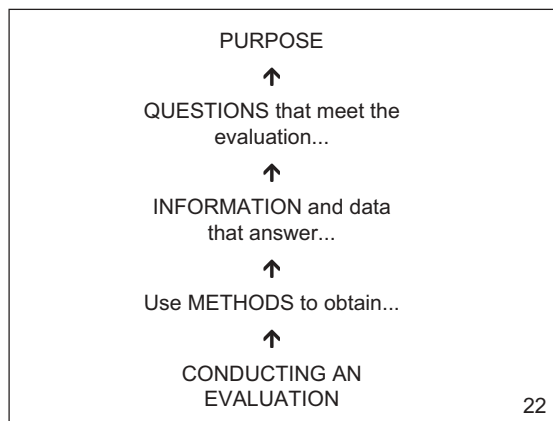
1. To what extent has alcohol, tobacco, and other drug use among students decreased over the duration of this project?
2. To what extent has academic failure been reduced over the duration of this project?
3. To what extent has school attendance improved over the duration of this project?
4. To what extent has the number of discipline referrals decreased over the duration of this project?
5. To what extent has the average number of assets increased among students over the duration of this project?
2. To what extent can a series of community-wide prevention awareness activities result in more consistent enforcement of tobacco and alcohol laws and ordinances?
3. To what extent do community-wide prevention awareness activities and consistent enforcement of tobacco and alcohol laws and ordinances lead to reduces youth access to these substances?
4. To what extent do community-wide prevention awareness activities change policymakers' attitudes about their role in reducing youth access to alcohol, tobacco, and other drugs in the community?
5. What are the factors that enhance and inhibit efforts to make enforcement of tobacco and alcohol laws consistent?

Examples from a Community-based Initiative

1. To what extent can a series of community-wide prevention awareness activities change adult norms about alcohol, tobacco, and other drug use in the community?
6. To what extent do community-wide prevention awareness activities lead to an increase in parents clearly stating their expectations about alcohol, tobacco, and other drugs to their children?
7. To what extent do community-wide prevention awareness activities lead to an increase in the number of youth that believe adults in the community care about them?

Module 6

MODULE 6 - NOTES



Choosing Appropriate Methods

- What is the purpose of the evaluation?
- Who is the information for?
- Who will use the findings?
- What kinds of information are needed?
- When is the information needed?
- What resources are available?

23

Quantitative	Qualitative
Counting	Anecdotes
Checklists	Case studies
Surveys	Focus groups
Pre-post tests	Key informant interviews
Analysis of existing statistics	Observations
	Analysis of existing files

24

Quantitative Methods

- Standardized
- Succinct
- Easily aggregated for analysis
- Systematic
- Easily presented in short space
- Generalizability is widely accepted

25

Survey Development Process

- Define domains
- Conceptual test by experts
- Generate items within domains
- Test by experts
- Create scales and items within scales
- Generate survey draft
- Pilot testing
- Revision
- Expert review
- Final Draft

Psychometric Testing
User Friendliness

26

Qualitative Methods

- Detailed and variable
- Unanticipated benefits and/or concerns are possible
- Offer explanations for outcomes
- Help generate new ideas and/or theories

27

Multi-Method Evaluation Benefits

- Understand program processes and outcomes from multiple perspectives
- Strengths of some methods compensate for weaknesses in others
- Results will be useful to a variety of audiences
- Results will be credible to a variety of audiences

28

Multi-Method Evaluation Limitations

- Requires multiple evaluation skills and evaluation team
- Cost is usually higher than single method evaluations
- Methodological rigor possible with single method evaluation may be sacrificed
- Contradictory or inconsistent findings may require additional analysis and increase complexity of reporting

29

Triangulation

- Data sources
- Investigators
- Methods of data collection
- Theories

30

Internal and External Evaluators' Strengths and Limitations

INTERNAL EVALUATORS		EXTERNAL EVALUATORS	
Strengths:			
Limitations:			

Module 7

MODULE 7 - NOTES

Making Evaluation Results Useful

- Brief stakeholders throughout the project
- Select the most useful media for reporting results
- Provide time to digest the outcomes
- Help stakeholders understand data
- Create a dissemination plan

31

Module 8

Evaluation Action Plan					
Questions	Information Required	Source of Information	Methods of Data Collection	Analysis	Interpretations & Dissemination of Results

32

Evaluation Action Plan

Interpretation & Dissemination of Results	
Analysis	
Methods of Data Collection	
Source of Info	
Info Required	
Questions	

Helpful Resources

Web-based Resources

Central CAPT www.ccapt.org

This web site is sponsored by Central CAPT and offers information to help the prevention practitioner understand science-based prevention and how it helps make local prevention more effective.

Other regional CAPT organizations:

Western CAPT www.open.org/~westcapt/

This site has a particular emphasis on program evaluation found at www.open.org/~westcapt/evaluate.htm.

People to Contact

Central CAPT 763-427-5310 or 1-800-782-1878

Prevention Evaluation

Anu Sharma
Tom Griffin

Training and Technical Assistance Coordinator

Christine Rosga

Technology

Tom Moberg
Paul Zobitz

Prevention Specialist

Kevin Ringhofer

Print Resources

A Community Substance Abuse Indicators Handbook: How Do We Know We Are Making A Difference? Join Together, Boston University, School of Public Health, Institute for Health Policy, Heller School, and Brandeis University, 1995.

A Guide for Evaluating Prevention Effectiveness: (CSAP Technical Report). Substance Abuse and Mental Health Services Administration. DHHS No. 98-3237. Rockville, MD: Center for Substance Abuse Prevention, 1998.

How to Evaluate Foundation Programs. Stacey Hueftle Stockdill, Ph.D. St. Paul, MN: The Saint Paul Foundation, Inc., 1993. Second Printing, 1995.

Measurements in Prevention: A Manual on Selecting and Using Instruments to Evaluate Prevention Programs (CSAP Technical Report 8). DHHS No. (SMA)93-2041. Rockville, MD: Center for Substance Abuse Prevention, 1993.

Center for Substance Abuse Prevention (CSAP) and National Center for the Advancement of Prevention (NCAP). *Getting to Outcomes 1999: Methods and Tools for Planning, Self-Evaluation, and Accountability Volume II: Training Tools and References*. NY: National Center for the Advancement of Prevention, June, 2000. Preliminary Draft.

Advanced Methodological Issues in Culturally Competent Evaluation for Substance Abuse Prevention. (CSAP Cultural Competence Series). DHHS No. (SMA)96-3110. 1993

Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working With Ethnic/Racial Communities. Library of Congress: 92-60067. DHHS No. (ADM)92-1884. Office for Substance Abuse Prevention, 1992.

Utilization-Focused Evaluation: The New Century Text, Edition 3. Michael Quinn Patton. Thousand Oaks, CA: SAGE Publications, Inc., 1997.

Glossary of Terms

Both qualitative and quantitative methods can be used to collect primary data. **Qualitative methods** collect non-numerical information on people, programs, events, and processes to answer “how” and “why” questions.

Quantitative methods collect numerical information to answer questions, such as “how many,” “how much,” and “how often.”

Qualitative Methods

Procedures used to obtain in-depth responses about what people think and how they feel. Because qualitative methods involve small numbers of respondents who usually are not randomly selected, the results cannot be generalized to a larger population. However, these methods can offer valuable insights into attitudes, beliefs, motives, and behaviors. The results of qualitative studies also can be used to design and/or interpret quantitative studies. Examples of qualitative methods are as follows:

1. **Case Studies** – Studies that examine a limited number of people, programs, or organizations to obtain answers to evaluation questions. Case studies are most commonly used for three purposes: (1) to explore new areas and issues, (2) to describe a program within its “real-life” context, and (3) to help explain relationships between program activities and observed outcomes.
2. **Focus Groups** – A method of data collection involving a small group of people (e.g., 8-10) whose discussion is carefully

planned and led by an experienced moderator. Focus groups are most commonly used to (1) evaluate proposed message concepts and service models; (2) identify unmet service needs and access barriers; (3) obtain feedback on concepts, approaches, and materials from hard-to-reach populations; (4) test alternative service approaches during development; and (5) generate ideas for new services and programs.

3. **Key Informant Interviews** – In-depth interviews with people who have special knowledge of, or personal experience with, the program being evaluated. Often program staff and evaluators use key informant interviews to obtain feedback on the adequacy of services, gaps in services and barriers faced by different subpopulations.

Quantitative Methods

Procedures used to obtain counts or measurements. Data collected through these methods can be subjected to a statistical analysis and—if based on a random sample—generalized to a larger population. Examples of quantitative methods are as follows:

1. **Archival Record Reviews**
The collection of specific predetermined data from service or program records, usually on pre-coded forms.
2. **Surveys** – The systematic (orderly) collection of data from a sample of individuals or an entire population by means of a structured questionnaire,

telephone interviews, or face-to-face interviews. Data from individual respondents are used to generate group-level summary statistics.

Both qualitative and quantitative methods require data collection instruments. The most common types of data collection instruments are the following:

Interview Protocol

A protocol used in interviews, case studies, or focus groups to define the issues that will be explored. Although the protocol consists of a series of open-ended questions, both the interviewer and the interviewee have the flexibility to discuss other topics or to explore certain attitudes and opinions in greater detail.

Questionnaire (also called Survey Instrument)

A written set of questions to which study participants are asked to respond. All questionnaires should meet the criteria of validity and reliability. Questionnaires may be self-administered (i.e., respondents complete the questionnaire without assistance), or they may be conducted through telephone or face-to-face interviews.